

VIRGINIA FUELS TAX ELECTRONIC/INTERNET FILING APPLICATION

Applicant Informa	ation Please p	rint in ink or	r type				
Application Date	Company Name			Federal Employee Identification Number (FEIN)			
Address		City			State	Zip Code	
					State	Zip code	
Virginia Fuels Tax License Number		License Typ	License Type(s) (List all types of licenses held.)				
Contact Person Name			Telephone Number		E-mail Ad	E-mail Address	
			()				
					•		
Transmission Format Information Check the applicable box to indicate how you will transmit the electronic data.							
Transmit Format:							
Disclaimer							
The system is for the use of authorized clients only. Individuals using the computer network system without authorization, or in							
excess of their authorization, are subject to having all their activity on this computer network system monitored and recorded by							
system personnel. To protect the computer network system from unauthorized use and to ensure the computer network system is							
functioning properly, system administrators monitor this system. Anyone using this computer network system expressly consents to such monitoring and is advised that if such monitoring reveals possible conduct of criminal activity, system personnel may							
provide the evidence of such activity to law enforcement officers. Access is restricted to authorized users only. Unauthorized							
access is a violation of state and federal, civil, and criminal laws.							
This form enables the applicant to file the Virginia fuels tax activity information electronically using ACS, the Virginia-approved							
vendor.							
Signatures	:						
Applicant's Signature					Date		
ACS Use Only							
MFT Account Identific	cation						